

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/31/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2010
NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 282 SS=D	<p>A Recertification Survey was conducted 08/17/10 through 08/19/10, and a Life Safety Code Survey was conducted 08/19/10. Deficiencies were cited, with the highest scope and severity of a "F".</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care:</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure the Comprehensive Plan of Care was implemented for one (1) of fifteen (15) sampled residents (Resident #11). The facility failed to ensure Resident #11's placement of a safety alarm, per the Plan of Care.</p> <p>The findings include:</p> <p>Review of Resident #11's medical record revealed an admission date of 06/24/10. The resident's diagnoses included Cerebral Vascular Accident (CVA), Hypertension, Seizures, Dementia, Congestive Heart Failure (CHF), Diabetes and Hypoglycemia.</p> <p>Review of the Admission Minimum Data Set (MDS) revealed the facility assessed the resident to be at risk for falls. Review of the Resident Assessment Protocol Sheet (RAPS) revealed the facility noted Resident #11 was at risk for falls secondary to diagnoses of CVA, Ataxia, Seizure</p>	F 282	<p>Four Courts of Cherokee Park does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p> <p>RECEIVED SEP 24 2010 BY: _____</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Janet Stahle

Administrator

9/22/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>Disorder and Dementia. The RAPS indicated Resident #11 had experienced a fall at home which resulted in a fracture to the resident's rib. The RAPS stated the resident had Fall Alarms in place as part of his/her fall safety plan of care. Review of the Resident #11's Fall Risk Evaluation, completed by the facility, revealed the resident scored a twelve (12), indicating the resident was a higher risk for falls.</p> <p>Review of Resident #11's Comprehensive Plan of Care, dated 06/24/10, revealed a Plan of Care had been developed related the resident's risk for fall. The Comprehensive Plan of Care included the following intervention: staff to assist with transfers and ensure placement and function of safety alarms. Review of Physician Orders, dated 06/27/10, revealed an order for "Fall alarm at all times".</p> <p>Review of Resident #11's CNA Care Plan revealed no documented evidence of the residents use of a fall alarm/safety alarm.</p> <p>On 08/19/10 between the hours of 10:50 AM and 3:30 PM Resident #11 was observed on six (6) different occasions to not have a safety alarm in place.</p> <p>Interview with Licensed Practical Nurse #1 (LPN) on 08/19/10 at 3:00 PM revealed Resident #1 had a history of taking off the alarm. LPN #1 was unaware why the alarm was not on the Certified Nurse Aide (CNA) care plan. Observation with LPN #1 revealed Resident #11's alarm was not in the resident's room.</p> <p>Interview with CNA #2 on 08/19/10 at 5:10 PM revealed she did recall Resident #11 having an</p>	F 282	<p>F282 (D)</p> <p>1. Resident #11 safety alarm was placed on Resident upon notification of deficient practice. Resident #11 CNA plan of care was updated on 8/19/10 to reflect its use.</p> <p>2. 100% of all CNA care plan were audited to ensure assistive devices were part of the care plan. This was conducted on August 29, 2010 by RN Supervisor. A complete audit of all comprehensive care plans will be completed by 9/29/30 and revisions made as necessary by the ADON/Unit Manager.</p> <p>3. An in-service will be conducted by the Staff Development Coordinator with the clinical staff by September 24, 2010 to ensure an understanding of the care plan process, updating revisions as necessary and implementing the care plans..</p> <p>4. 10% care plan audit will be conducted weekly by the ADON and/or designee to ensure comprehensive care plans are up to date and being followed. Results of the weekly audits will be forwarded to the daily clinical meeting for review and follow up. Recommendations and audits from the daily clinical meeting will be forwarded to the quarterly QA committee for further review and follow up as needed.</p>	

September 30, 2010

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F 282	Continued From page 2 alarm when first admitted. CNA #2 indicated the resident had changed rooms and did not remember seeing the alarm since the room change. This CNA stated she was unsure as to why the resident's alarm was not on the CNA care plan.			F 282			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the residents' environment remained free from accident hazards as evidenced by an unlocked housekeeping cart, which contained eleven (11) hazardous cleaning chemicals, and exposed toilet bolts in four (4) resident bathrooms. The findings include: 1. Observation of the housekeeping cart on 08/17/10 at 3:25 PM on the Linker hallway revealed the cart was unlocked and unattended, leaving the contents exposed to residents. The cart was observed to contain eleven (11) hazardous cleaning chemicals. The chemicals located inside the cart are noted below as well as the hazards per the facility's MSDA manual.			F 323	F 323 (D) 1. Upon notification of deficient practice, the housekeeping cart was removed from service by the house keeping director and disposed of. The exposed toilet bolts in four resident bathrooms were immediately covered by the maintenance director upon notification of deficient practice. 2. A 100% audit environmental audit will be conducted by 9/24/10 of the resident care areas to ensure all areas are free of accidental hazards. The housekeeping director completed an audit of all housekeeping carts to ensure proper locking and ensure that the resident's environment remains as free of accident hazards as is possible.		

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F 323	<p>Continued From page 3</p> <p>a. Liquid cleaner. If ingested, this cleaner could cause gastrointestinal irritation with nausea, vomiting and/or diarrhea. Contact with eyes and skin may cause moderate transient irritation. Inhalation may cause irritation and coughing.</p> <p>b. Glass cleaner. If a resident was exposed to it, this cleaner could cause severe eye irritation and irritation to the respiratory tract and skin.</p> <p>c. Bacteria/digestant/deodorant. This deodorant could cause eye and skin irritation. It may be harmful if swallowed. Inhalation may affect the throat and respiratory systems.</p> <p>d. Germicidal wipes. Potential health hazards include mild to severe irritation of the eyes, gastrointestinal disturbances if ingested, moderate irritation to the nose and throat if inhaled and possible harm if absorbed through the skin.</p> <p>e. Pyrethrins spray. Exposure to this chemical may cause slight irritation to the eyes and to the skin.</p> <p>f. Stainless steel cleaner. Inhalation is the primary route of exposure and may cause dizziness, drowsiness and throat irritation.</p> <p>g. Air freshener. Contact with the eyes could cause severe irritation experienced as discomfort and pain, redness and swelling. Corneal injury may occur. Inhalation may cause upper respiratory tract irritation or narcosis.</p> <p>h. Cleaner and degreaser. Inhalation may irritate throat and respiratory system. May cause skin and eye irritation.</p>	F 323	<p>3. An in-service will be conducted by the Housekeeping Supervisor &/or Maintenance Director by September 24, 2010 for the housekeeping staff regarding maintaining an accident free environment by keeping all potential hazards locked. The Director of Maintenance will educate the housekeeping staff and maintenance staff by September 24, 2010 regarding the need to identify and report potential hazards per maintenance request form. Preventive maintenance plan was reviewed with staff by the maintenance director. September 29, 2010</p> <p>4. The house keeping director and or designee will audit the Housekeeping carts three times per week for four weeks and then monthly and report to administration to ensure they are locked and meet an accident free environment. Monthly the</p>	

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F 323	<p>Continued From page 4</p> <p>i. Aerosol Label Remover. This product could be hazardous in case of skin contact. It may cause itching, scaling, reddening or, occasionally, blistering. It could be hazardous if exposed to the eye, characterized by redness, watering, and itching. If over-exposed, it may cause respiratory irritation or central nervous system depression.</p> <p>j. Non-acid disinfectant bathroom cleaner. May cause skin and eye irritation.</p> <p>k. Urine Odor and Stain Remover. May cause irritation to the eyes, skin and digestive tract.</p> <p>Interview with housekeeper on 08/19/10 at 1:30 PM revealed the housekeeper he had shut the cart door and thought it locked before he walked away from it to clean a bathroom. The housekeeper indicated he was not aware the cart was left unlocked.</p> <p>Interview with the Housekeeping Supervisor on 8/19/10 at 1:35 PM revealed there had been a problem with the lock on that cart but the Maintenance Supervisor had worked on it and they thought it was fixed when the housekeeper used it on 08/17/10. The Housekeeping Supervisor further revealed the cart had been pulled from active use on 08/18/10 and a new cart had been ordered.</p> <p>2. Observation on environmental tour on 08/18/10 revealed toilets in four (4) resident bathrooms had uncovered bolts sticking up from their bases.</p> <p>Interview with the Maintenance Supervisor on 08/18/10 at 3:00 PM revealed he was aware</p>	F 323	<p>maintenance director / designee will complete an environmental hazards audit of resident care areas. Any deficient practice will be reported to daily A M meeting to administrative team for review and follow up. Results of the audits will be forwarded to the monthly safety committee for follow up and review. All results will be forwarded to the quarterly QA committee for further review and follow up as needed.</p>	<p>September 30, 2010</p>	

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F 323	Continued From page 5 several toilet bolts in resident bathrooms were uncovered. He said he had ordered a box of bolt covers and they were on his desk; he just hadn't had time yet to put them on. The Maintenance Supervisor indicated it could be possible for residents to come in contact with the exposed bolts.	F 323	F 372 (E) 1. The garbage dumpsters were evaluated 8-19-2010. The garbage was cleaned up by the maintenance staff and the dumpster lids were closed on the dumpsters.		
F 372 SS=E	483.35(l)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure garbage and refuse were disposed of properly. Observation of the empty dumpsters revealed the dumpsters lids were open and garbage was scattered on the ground around the dumpster site. The findings include: Observation on 08/19/10, at 2:25 PM revealed the lids of the two dumpsters were open, the dumpsters were empty. Garbage was observed to be on the ground around the dumpsters. An interview with the Maintenance Supervisor on 08/19/10, at 2:25 PM revealed the dumpsters were emptied earlier today and he "presumed that the garbage men did not close them." He added the dumpsters service staff were also contracted to pick up any scattered garbage at the dumpster site, which they did not do. The Maintenance Supervisor stated the lids of the dumpsters	F 372	2. A scheduled has been obtained for when the dumpster is emptied. The maintenance director has developed a schedule for the maintenance staff to inspect the dumpster area post trash removal to ensure garbage and refuse is disposed of properly. Housekeeping and Maintenance staff will be educated by the Housekeeping Supervisor and the Maintenance director regarding the new scheduled. September 29, 2010 3. The Maintenance director /designee will audit the area daily to ensure the facility disposes of garbage and refuse properly. 4. The maintenance director will report to daily administrative meeting of noncompliance with the disposal of garbage and refuse. All non compliance will be evaluated by the administrative team with review and follow up. The results of the daily review will be forwarded to the monthly safety meeting for evaluation and follow up. Safety minutes and non compliance will be forwarded to the quarterly QA committee meeting for review and follow up.		September 30, 2010

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F 372	Continued From page 6 should be closed and any scattered garbage around the dumpsters should be picked up to deter pests from the site.	F 372			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441	F 441 (D) 1. Upon notification the nurse was pulled and educated immediately. The identified nurse was suspended pending investigation. 2. All licensed staff will be educated by the SDC regarding the policy and procedure for proper cleaning of accu check machines and infection control procedures within the facility. The infection control log was reviewed on 9/14/2010 to assist in identifying any trends. All machines were cleaned to ensure proper sanitation. September 29, 2010 3. All licensed staff will be checked for competency by the unit nurse with return demonstration to ensure knowledge of cleaning the acc u check machine and following infection control policy by September 29, 2010 4. The DON and/or designee will audit at least (4) nurses cleaning procedure weekly x four weeks to ensure proper procedures are being used. Results will be forwarded to the monthly infection control meeting for evaluation and follow up. Infection control logs will be reviewed monthly to identify any trends. Recommendations and audits will be forwarded to the quarterly QA committee for further review and follow up as needed.		September 30, 2010

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NAME OF PROVIDER OR SUPPLIER

FOUR COURTS AT CHEROKEE PARK

STREET ADDRESS, CITY, STATE, ZIP CODE

2100 MILLVALE RD.

LOUISVILLE, KY 40205

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F 441	<p>Continued From page 7 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the prevent the spread of infection by the failure to sanitizing multi-use glucometer between blood glucose testing for two (2) residents, one (1) Unsampld Resident A and one (1) of fifteen (15) sampled residents (Resident #11).</p> <p>The findings include:</p> <p>Observation on 08/19/10 at 12:00 PM revealed Registered Nurse (RN) #3 obtained a blood sample on Unsampld Resident A and conducted a blood glucose test by use of a glucometer. RN #3 then preceded to use the same glucometer to obtain a blood sugar reading on Resident #11. The observation revealed the RN failed to clean the glucometer after conducting the test on Unsampld Resident A and before using the glucometer on Resident #11.</p> <p>Interview on 08/19/10 at 11:10 AM with RN #3 revealed she forgot to clean the glucometer before obtaining the next blood sugar. She stated she should have cleaned the glucometer for two (2) minutes between each resident. Further interview revealed she received training on glucometers upon hire, at least quarterly, annually and recently was trained on the new glucometers.</p> <p>Interview on 08/19/10 at 2:30 PM with the Staff Development Coordinator, who is responsible for Infection Control, revealed nurses should clean</p>	F 441		

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F 441	Continued From page 8 glucometers for two (2) minutes prior to and after each use, as stated in the November 2009 Infection Control Policy Addendum. Further interview revealed nurses had received inservices regarding the cleaning glucometers in April, June and July 2010. Interview on 08/19/10 at 2:50 PM with the Administrator revealed the nurse should have cleaned the glucometer for two minutes between the residents. The Administrator indicated nurses had received an Inservice recently on glucometer use and cleaning of the glucometers.	F 441			